RM 20

Finance Disclosure Statement LELECTIONS ENFORCEMENT COMMISSION



CITY OF NEW LOYDEN, OF

Page 1 of 17

2019 APR 11 A 11: 20

Do Not Mark in This Space For Official Use Only

COVER PAGE

2. TREASURER NAME								
First Dianna		MI	17	7			H.H.BU-	
				Last Kulmacz				C., cc
3. TREASURER ADDRESS				Kulmacz				Suffix
Street Address			City		110		1 1 1 1 1 1 1	
134 Brault HIII Rd			1	janum		State	Zip Cod	
4. ELECTION/REFERENDUM DATI	5. OFFICE SOLICE	DT m	11195	garium		СТ	06441	
mm/dd/yyyy) 11/05/2019	5. OFFICE SOUGH	(Complete	e only ij	(Candidate Committee)		1 34 1 4		
	Mayor			. 1			6. DISTRI	CT NUMBE
. CANDIDATE NAME (Complete only a	if Candidate or Exploratory	Committee)						
ichael		IIM	I	ast			The state of	and the same of th
			- 1,	Passero Passero				ıffix
TYPE OF REPORT (Check One Box)								
	O7th day preceding O30 days following O7th day preceding O12th day preceding (State Central Commit O45 days following not held in Novem Beginning Date /01/2019	g primary g election ng election ties Only)		O 7th day preceding referendum O 45 days following referendum O Deficit O Termination Ending Date 0 03/31/2019	OA	nitial Contri		sbursement
ERTIFICATION								- 1
eby certify and state, under penalosure Statement for the period	ulties of false statem d covered is true, a	ent, that a	ll of t	the information set forth on this omplete.	Itemize	d Campai	gn Finance	

A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

SUMMARY PAGE TOTALS

WINESON CONTROL OF THE CONTROL OF TH	TYPE OF REPORT	
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Passes O Lo New London	4/10/19	
TWO TO TO NEW CONDO	COLUMN A This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		6
12. Balance on hand at the beginning of Reporting Period	Ø	
13. Contributions Received from Individuals (Sections A and B)	1960.00	19660.00
14. Receipts from Other Committees (Sections C1 and C2)	4500.00	4500.00
15. Other Monetary Receipts (Sections D through K)	100	100
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	D	B
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		1
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)		0
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	24260,00	24260.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	24260.00	2460.00
19. Expenses Paid by Committee (Section P)	5583.70	55F3.70
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	18676.30	18676.30
21. In-Kind Donations not Considered Contributions Received (Section L4)	Ø	Ø
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	8	Ø
23. In-Kind Contributions Received (Section M)	83.42	83.42
24. Refundable Deposit to Telephone Company (Section N)	Ø	Ø
25. Loan Balance	6	
25a. + Loans Received (Section D)	7	
25b. + Interest and Penalties on Loan		
25c Payments on Loan		
25d. Total Outstanding Loan Amount		
26. Campaign Expenses Paid by Candidate (Section Q)		Ø
27. Expenses Incurred on Committee Credit Card (Section R)	7	Ø
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0	reduce.
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	(h)	

AME OR COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Passero for New London			4/10/2019			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$1010			
B. Itemized Co		itions from Indivi	duals			
Last Name	Firs	st eirdre				MI
Cavanagh				State	Zip Co	ode
Residential Street Address 14 Greenway Rd	City New L	_ondon		State	Zip Co	ode
Principal Occupation		Name of Employer			<u></u>	
retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				y, Amo		Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contraction.	inch or b	ranches	e contractor? Yes No			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	3/3/19	100			
Last Name	Firs	st				MI
Cavanagh	De	eirdre				
Residential Street Address	City		g	State	Zip Co	ode
14 Greenway Rd	New L	_ondon	<u>.</u>	CT		
Principal Occupation Name of Employer						
retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a cand is associ	didate for a chief executive iated with have a contract Yes No	e officer of a municipality with said municipality	y, Am o	unt of	Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a lf yes, indicate which bra of government the contra	anch or b	oranches	te contractor? Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	03/03/2019	125			
Last Name	Firs					MĪ
Levin	Ja	ıy				
Residential Street Address 23 Worthington Rd	City New I	London		State	Zip C	ode
Principal Occupation		Name of Employer		1		
Attorney/Lobbyist		Jay B Levin Govt Re	elations			
s contributor a lobbyist, spouse, r dependent child of a lobbyist? No Yes does contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Yes No Yes No Yes No Yes No No Yes No Yes No Yes No No Yes No No Yes Yes No Yes Yes No Yes No Yes Y			y, Ame		Contribution	
event reported in Section L1?	contribution associated with an eported in Section L1? Yes No Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches					
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	y Order	Date Received 3/9/2019	Aggregate Contributions 500			
		L Section B — This	Page 625			
		Iditional Section B	Tugo		• 1	
A A TEN DE SERIE						
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)						

			_	
NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT			
Passero for New London	4/10/2019			
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	\$			
				
B. Itemized Co.	ntributions from Indivi	duals		
Last Name	First		MI	
Londegran	Kathleen			
Residential Street Address	City		State Zip Code	
88 Cove View Rd	New London		СТ	
Principal Occupation retired	Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution 100	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a second by the		_ O No		
Method of Contribution:	Date Received	Aggregate Contributions	7	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 3/16/2019	100		
Last Name	First		MI	
Greene	Matthew			
i i	City		State Zîp Code	
99 Lowe Blvd	New London		СТ	
Principal Occupation	Name of Employer			
Probate Judge	New London Proba	ite Court		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No			Amount of Contribution 250	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No Is contributor a principal of a If yes, indicate which bra of government the contract	_	te contractor? Yes No Legislative		
Method of Contribution:	Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 03/16/2019	250		
Last Name	First		MI	
Primus	Charles			
Residential Street Address	City Waterford		State Zip Code	
58 Twin Lakes Dr				
Principal Occupation Sales	Name of Employer Whaling City Moto	rs		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No lose contributor or business he/she valued at more than \$5,000?			Amount of Contribution 250	
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Output Description: Output Descri				
Method of Contribution:	Date Received	Aggregate Contributions		
Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order 03/16/2019	250		
SUBT	TOTAL Section B — This	Page 600		
TOTAL	of additional Section B	Pages		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	A INDIVIDUALS (Sections A 13, Column A of Summary Page			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filmg Repository)			TYPE OF REPORT			
Passero for New London			4/10/2019			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$			
B. Itemized Con	ntribi	utions from Individ	luals			
Last Name	Fire					MI
Gladston	150	cott				
Residential Street Address	City Wate i	rford		State	Zip Co	ode
30 Niantic River Rd	water					
Principal Occupation		Name of Employer Wireless Zone				
self employed Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400	to 0 000		officer of a municipality	Amo	unt of	Contribution
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?	is assoc	oriated with have a contract OYes ONo	with said municipality	250	unt or	Contribution
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a section L1? If yes, list Event # Yes Is contributor a principal of a section L1? If yes, indicate which brain of government the contract	nch or b	oranches	e contractor? Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	3/182019	250			
Last Nanie	Fic	st				MI ·
Blonder	To	odd				
Residential Street Address	City			State	Zip Co	ode
4 First Ave Waterford C				СТ	<u></u>	
Principal Occupation Name of Employer						
Owner TJ Motors						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	lependent child of a lobbyist? ON does contributor or business he/she is associated with have a contract with said municipality			Amount of Contribution 250		
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a lf yes, indicate which bra of government the contra	inch or	branches	e contractor? Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	03/19/2019	250			
Last Name	Fir					MI
Needleman	N	lorman				
Residential Street Address	City			State	Zip C	ode
9 Foxboro Rd	Esse			<u></u>		
Principal Occupation		Name of Employer Tower Labs				
Executive			a officer of a municipality	. Am	unt of	Contribution
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a car	ciated with have a contract Yes No	with said municipality	250		Contribution
event reported in Section L1?	No If yes, indicate which branch or branches of government the contract is with: Executive Legislative					
Method of Contribution:	0.1	Date Received 03/19/2019	Aggregate Contributions 250			
Cash Personal Check Credit/Debit Card Payroll Deduction Money	y Order	03/19/2019	230			
SUB	TOTA	AL Section B — This	Page 750			
TOTA	L of a	dditional Section B	Pages	111		
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)						

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT			
Passero for New London	4/10/2019			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	\$			
B. Itemized Co	ntributions from Indivi	iduals		
Last Name	First		MI	
Basilica	Anthony		State Zip Code	
Residential Street Address 568 Montauk Av	New London		CT Zip Code	
Principal Occupation	Name of Employer			
Attorney	Basilica Law Firm			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract OYes ONo	ve officer of a municipality, t with said municipality	Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes Is contributor a principal of a If yes, indicate which bra of government the contra		O No		
Method of Contribution:	Date Received	Aggregate Contributions	7	
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order 3/222019	100		
Last Name	First Anthony		MI	
Basilica Residential Street Address	City		State Zip Code	
54 Gardner	New London		СТ	
Principal Occupation	Name of Employer			
self employed attorney	Basilica Law Firm			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contractory Yes No	ve officer of a municipality, t with said municipality	Amount of Contribution 250	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If yes, indicate which brof government the contributor a principal of a liftyes, indicate which brof government the contributor as principal of a liftyes, indicate which brof government the contributor as principal of a liftyes, indicate which brof government the contributor as principal of a liftyes, indicate which brof government the contributor as principal of a liftyes, indicate which brof government the contributor as principal of a liftyes, indicate which brof government the contributor as principal of a liftyes, indicate which brof government the contributor as principal of a liftyes, indicate which brof government the contributor as principal of a liftyes, indicate which brof government the contributor as principal of a liftyes, indicate which brof government the contributor as principal of a liftyes, indicate which brof government the contributor as principal of a liftyes, indicate which brof government the contributor as principal of a liftyes, indicate which brof government the contributor as principal of a liftyes, indicate which brof government the contributor as principal of a liftyes, indicate which brof government the contributor as principal of a liftyes and a liftyes are a liftyes as a liftyes and a liftyes are a liftyes as a liftyes and a liftyes are a liftyes as a liftyes and a liftyes are a liftyes as a liftyes are a liftyes are a liftyes as a liftyes are a liftyes are a liftyes are a liftyes as a liftyes are a liftyes as a liftyes are		ate contractor? Yes No		
Method of Contribution:	Date Received by Order 03/222019	Aggregate Contributions 250		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	First	250	MI	
Last Name MacDonald	Bruce			
Residential Street Address	City		State Zip Code	
40 Plant St	New London		СТ	
Principal Occupation retired	Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Valued at more than \$5,000?	0 to a candidate for a chief executive is associated with have a contract Yes O No	ct with said municipality	75 Amount of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03252019a Yes Is contributor a principal of a lifyes, indicate which brof government the contributor.		e OLegislative		
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Mone	Date Received 03/252019	Aggregate Contributions 75		
SUE	TOTAL Section B — Thi	is Page 425		
TOTA	L of additional Section B	Pages		
TOTAL OF ALL CONTRIBUTIONS FRO	OM INDIVIDUALS (Sections e 13, Column A of Summary Pag	A + B) e Totals)	s	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	TYPE OF REPORT			
Passero for New London	4/10/2019	4/10/2019			
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	NLY S	·			
B. Itemized Co	ntributions from	Individuals			
Last Name	First		MI		
Hayford	Robert				
Residential Street Address 148 Gardner Ave	City New London		State Zip Code		
Principal Occupation	Name of Employe	or .			
Engineer	Alion Science				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Vocation is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution		
Is this contribution associated with an event reported in Section L1? Yes Is contributor a principal of a section L1? No If yes, indicate which bran of government the contract	ich or branches	ctive state contractor? Yes No tecutive OLegislative			
Method of Contribution:	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 3/202019	100			
Last Name	First		MI		
Reiser	Tracee				
	City New London		State Zip Code		
	СТ				
Principal Occupation retired	Name of Employe	r			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes does contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000? Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes No If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000? Is contribution associated with an event reported in Section L1? Yes No If yes, indicate which brain of government the contract	contract with said municipality No	Amount of Contribution 100			
Method of Contribution:	Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 03/202019	100			
Last Name	First Carol		MI		
Rogovin Residential Street Address			G: 0 1		
108 Lower Blvd	^{City} New London		State Zip Code		
Principal Occupation	Name of Employe				
retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves Valued at more than \$5,000?		, Amount of Contribution			
Is this contribution associated with an event reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # O Executive O Legislative					
Method of Contribution:	Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order 03/202019	100	1		
SUBT	OTAL Section B -	- This Page 300			
TOTAL of additional Section B Pages					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Passero for New London			4/10/2019			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$			
B. Itemized Con	ntributio	ns from Individ	luals			
Last Name	First Bernie				MI	
Baker	City			State	Zip Code	
Residential Street Address 41 Woodlawn	New Lone	don		CT	Zip code	
Principal Occupation	Nan	ne of Employer				
retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated	with have a contract v	with said municipality	, Amou	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 0325219a Yes Is contributor a principal of a servent reported in Section L1? If yes, indicate which branched of government the contraction of government the contraction.	nch or branc	hes	Contractor? Yes No Legislative			
Method of Contribution:			Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	0.000	25/2019	100		l va	
Last Name Church	First	1			MI	
	City	•		State	Zip Code	
14 Neptune Ave	New Lon	don		СТ		
Principal Occupation	Nar	me of Employer				
retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate is associated	te for a chief executive I with have a contract to Yes O No	officer of a municipality with said municipality	, Amou	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03252019a Yes No Is contributor a principal of a If yes, indicate which bra of government the contra	inch or bran	ches _	Legislative No		v	
Method of Contribution:		e Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		3/252019	100		MI	
Last Name Cihocki	First	า			1411	
Residential Street Address	City			State	Zip Code	
234 Mile Creek Rd	Old Lym	e		CT		
Principal Occupation	Na	me of Employer		L		
Broker	U:	S Properties				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candida is associate	te for a chief executive d with have a contract Yes No	e officer of a municipality with said municipality	7, Amo	unt of Contribution	
event reported in Section L1?	at reported in Section L1? No If yes, indicate which branch or branches					
Method of Contribution:		te Received 3/252019	Aggregate Contributions			
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		Section B — This				
TOTA	L of addit	ional Section B I	Pages	i i kena	A REPORT OF	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)						

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Passero for New London			4/10/2019			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$			
B. Itemized Co.	ntributi	ions from Indivi	duals			
Last Name	First	1			MI	
Cornish	Rod					
Residential Street Address 468 Pequot	City New Lo	ndon		State	Zip Code	
Principal Occupation		Jame of Employer		CI		
Business owner		Restaurant manage	r			
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400				Amo	unt of Contribution	
or dependent child of a lobbyist? No No does contributor or business he/she valued at more than \$5,000?				100	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03252019a Yes Is contributor a principal of a significant which brain of government the contract	nch or brai	nches	contractor? Yes No			
Method of Contribution:	D	ate Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 3	3/25/2019	100			
Last Name	First				MI	
Curtin	Mar	garet				
	City			State	Zip Code	
	New Lo			CT		
Principal Occupation retired	N	ame of Employer				
s contributor a lobbyist, spouse, r dependent child of a lobbyist? No Yes does contribution is in excess of \$400 to a candidate for a chief executive of does contributor or business he/she is associated with have a contract we valued at more than \$5,000? Yes No Is contribution associated with an event reported in Section L1? No Yes No Is contributor a principal of a state contractor or prospective state of government the contract is with: Executive of section L1? One of the formula of a chief executive of does contribution is in excess of \$400 to a candidate for a chief executive of does contribution or business he/she is associated with have a contract we valued at more than \$5,000? Yes No Set his contribution associated with an event reported in Section L1? One of the formula			with said municipality	100	unt of Contribution	
Method of Contribution:		ate Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order (03/252019	100		•	
Last Name	First				MI	
delaCruz	Jose	epn				
	New Lo	ndon		State	Zip Code	
Principal Occupation	N	ame of Employer				
Sheet Metal Worker	H	lillerd Co				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Spouse of Section 1 If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?				, Amo	ant of Contribution	
s this contribution associated with an event reported in Section L1? If yes, list Event # 03252019a Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event with: Executive Legislative						
Method of Contribution:	l l	ate Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order 0	3/252019	100	<u></u>		
SUBT	OTAL	Section B — This	Page 300	8		
TOTAL	of addi	itional Section B P	ages		2. 2.44	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)						

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT				
Passero for New London	4/10/2019				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	\$				
B. Itemized Co	ntributions from Indiv	iduals			
Last Name	First Elizabeth			MI	
Duarte Residential Street Address			Ct-t- I	7:- C- 1-	
54 Cottage St	City Groton		State	Zip Code	
Principal Occupation	Name of Employer				
retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amou	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03252019a Yes Is contributor a principal of a sevent reported in Section L1? If yes, indicate which branched of government the contract		te contractor? Yes OLegislative			
Method of Contribution:	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 3/25/2019	100			
Last Name	First			MI	
Edwards	Kenneth				
Residential Street Address 66 Beckwith St	City New London		State CT	Zip Code	
Principal Occupation	Name of Employer				
retired	Trans of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes of Contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?			Amou	nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03252019a Yes Is contributor a principal of a If yes, indicate which brain of government the contraction.		te contractor? Yes No Legislative			
Method of Contribution:	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		100		l) a	
Last Name Flynn	First Charles			MI	
Residential Street Address	City		State	Zip Code	
40 Wellsweep Dr	Madison		СТ	1	
Principal Occupation	Name of Employer		1		
Polic	City of New Londo	n			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			, Amou	ent of Contribution	
this contribution associated with an rent reported in Section L1? Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # 03252019a Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative					
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order Date Received 03/252019	Aggregate Contributions			
SUBT	FOTAL Section B — This	Page 300			
TOTAL of additional Section B Pages					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT				
Passero for New London			4/10/2019				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$				
B. Itemized Co	ntribu	tions from Individ	luals				
Last Name	Firs				MI		
Galbrath	Ma	ariann 					
Residential Street Address	City Groto	D.		State	Zip Code		
771 Shenecosset Rd	Groto			CI			
Principal Occupation retired		Name of Employer					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associ	iated with have a contract OYes ONo	with said municipality	/, Amo	Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03252019a Yes Is contributor a principal of a second support of the second support	nch or b	ranches	CLegislative Yes				
Method of Contribution:		Date Received	Aggregate Contributions			!	
OCash		3/25/2019	100				
Last Name	Firs	t illiam			MI		
Giesing				State	Zip Code		
Residential Street Address 798 Ocean Ave	City New L	ondon.		CT	Zip Code		
Principal Occupation	1	Name of Employer	· · · · · · · · · · · · · · · · · · ·				
Registrar of Voters City of New London							
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400	to a cand	<u> </u>		/. Amo	unt of Co	ntribution	
or dependent child of a lobbyist? No No No No No No No No No N	is associ	iated with have a contract Yes No	with said municipality	100			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03252019a Yes Is contributor a principal of a If yes, indicate which bra of government the contra	anch or b	oranches	e contractor? Yes No Legislative				
Method of Contribution:		Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		03/252019	100				
Last Name Giustini	Firs	st 'illiam			M	I	
Residential Street Address	City			State	Zip Code	:	
293 Ocean Ave	1 ′	London		CT			
Principal Occupation		Name of Employer		1	<u> </u>		
retired		City of New London	n				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a cand	didate for a chief executive interest with have a contract Yes No	e officer of a municipality with said municipality	y, Amo	ount of Co	ontribution	
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Method of Contribution: OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	y Order	Date Received 03/252019	Aggregate Contributions				
SUBTOTAL Section B — This Page 300							
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TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)							

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT				
Passero for New London	4/10/2019				
A. Total Contributions from Small Contributors-Receiv (See instructions for definition of Small Contributor)	\$				
B. Itemized Co.	ntributions from Indivi	duals			
Last Name	First	МІ			
Milstein	Jeanne	State Zip Code			
Residential Street Address 14 Neptune Ave	City New London	State Zip Code			
Principal Occupation	Name of Employer				
Dir of Human Services	City of New London	n			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated with have a contract OYes ONo	with said municipality 100			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03252019a Yes Is contributor a principal of a sevent reported in Section L1? If yes, list Event # 03252019a	et is with:	O Legislative No			
Method of Contribution:	Date Received Order 3/25/2019	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		MI			
Last Name Neistat	First Barry	IVII			
	City	State Zip Code			
42 Bank St	New London	СТ			
Principal Occupation	Name of Employer				
Owner Muddy Waters					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No No Ves Valued at more than \$5,000?					
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03252019a Yes No Is contributor a principal of a If yes, indicate which bra of government the contra		te contractor? Yes No Legislative			
Method of Contribution:	Date Received Order 03/252019	Aggregate Contributions 100			
Ocash OPersonal Check Ocredit/Debit Card OPayroll Deduction OMoney	First	Мі			
Last Name Nolan	Anthony				
Residential Street Address	City	State Zip Code			
105 Blackhall St	New London	СТ			
Principal Occupation Police officer	Name of Employer City of New Londo	n			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes O No	ve officer of a municipality, twith said municipality 100			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03252019a Yes No If yes, indicate which bra of government the contra		O Legislative			
Method of Contribution:	Date Received Order 03/252019	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 03/232019	1.00			
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TOTAL	L of additional Section B	Pages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Passero for New London			4/10/2019			
A. Total Contributions from Small Contributors-Received (See instructions for definition of Small Contributor)		is Period ONLY OTAL SECTION A	\$			
B. Itemized Con	ıtrib	utions from Individ	luals			
Last Name	Fi	rst				MI
Hogan	В	eth				
100/10/10/10	City			State	Zip C	ode
10 Wildwood Dr	Niant	tic		СТ		
Principal Occupation		Name of Employer				
Program Manager		The Connection				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Source No View No View No	is asso	ciated with have a contract OYes ONo	with said municipality	', Amo	unt of	Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03252019a Yes Is contributor a principal of a s If yes, indicate which bran of government the contract	ich or	branches	e contractor? Yes No Legislative			14
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	3/25/2019	100			
Last Name		rst				Mì
Kinsall	Α	dvin				
Residential Street Address	City			State	Zip (Code
22 Penny Ln	New	London		СТ		
Principal Occupation		Name of Employer				
retired						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No loss contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	or dependent child of a lobbyist? On does contributor or business he/she is associated with have a contract with said municipality				f Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03252019a Yes No If yes, indicate which brain of government the contract	nch or	branches	te contractor? Yes No Legislative			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	03/252019	100			
Last Name	- 1.	irst				MI
Kronholm		ustin		Ta	la:	
Residential Street Fields	City Che:	ster		State	Zip	Code
10 Old Depot Rd		Name of Employer			1	
Principal Occupation Sr Advisor to AG		Attorney General o	office			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No does contributor or business he/she	to a ca	ndidate for a chief executive	e officer of a municipalit			f Contribution
valued at more than \$5,000?		O Yes O No		100		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03252019a Section L1? If yes, list Event # 03252019a Section L1? If yes, list Event # 03252019a	nch or	branches	O Legislative			
Method of Contribution.			Aggregate Contributions			
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TOTAL of additional Section B Pages					. 1 y 1 s	
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line	M INI 13, Co	DIVIDUALS (Sections olumn A of Summary Page	A + B) Totals)			t, will set

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	TYPE OF REPORT			
Passero for New London		4/10/2019	4/10/2019			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A			\$			
B. Itemized Cor	tributions from Inc	lividuals				
Last Name	First		MI			
Preka	Dorjan					
	City New London		State Zip Code			
31 Orchard 30	Name of Employer		Ci			
Principal Occupation Waiter	Electric					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?		tract with said municipality	y, Amount of Contribution			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03252019a Yes Is contributor a principal of a s If yes, indicate which bran of government the contract	ch or branches	e state contractor? Yes tive OLegislative				
Method of Contribution:	Date Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 3/25/2019	100				
Last Name	First		MI			
Satti	John					
	City Novel and a		State Zip Code			
27 WoodiaWiTNG	New London					
Principal Occupation	Name of Employer Landscaper					
Owner		4: FG Fo initiality	y. Amount of Contribution			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No No Ves Valued at more than \$5,000?	is associated with have a con Yes	tract with said municipality	100			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03252019a Section L1? No If yes, indicate which brain of government the contract of government the government of government the contract of government the government of government the government of government the government of government the government of govern	nch or branches	e state contractor? Yes No No				
Method of Contribution:	Date Received	Aggregate Contributions	7			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 03/252019	100				
Last Name	First		MI			
Soto	Chirstian		State Zip Code			
Residential Street Address 18 Crouch St	City New London		CT Zip code			
Principal Occupation	Name of Employer					
Director	State of CT					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No loss contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief exe is associated with have a con Yes	tract with said municipality	y, Amount of Contributio			
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03252019a Yes No No If yes, indicate which brain of government the contract	nch or branches ot is with: Execu	ative O Legislative				
Method of Contribution: Ocash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 03/252019	Aggregate Contributions 100				
		200				
SUBT	OTAL Section B —	This Page 300				
TOTAL	of additional Section	B Pages	n. Bitty of <u>a land of the land</u>			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)						

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT					
Passero for New London	4/10/2019					
A. Total Contributions from Small Contributors-Received this Pe (See instructions for definition of Small Contributor) SUBTOTAL	riod ONLY SECTION A \$					
B. Itemized Contribution	s from Individuals					
Last Name First	MI					
Lynch						
Residential Street Address City	State Zip Code					
37 S Cobblers Ct Niantic CT						
	of Employer					
	of New London					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Solution is in excess of \$400 to a candidate does contributor or business he/she is associated valued at more than \$5,000?						
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03252019a Yes Is contributor a principal of a state contracto If yes, indicate which branch or branch of government the contract is with:						
	Received Aggregate Contributions					
	5/2019 100					
Last Name First	MI					
Malone John						
Residential Street Address City	State Zip Code					
147 Baltic Hanover Rd Baltic	СТ					
Principal Occupation Name	of Employer					
Exec Director SCA	DD					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Source No No Source No No Source No						
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03252019a Yes Is contributor a principal of a state contract of If yes, indicate which branch of government the contract is with:						
Method of Contribution: Date	Received Aggregate Contributions					
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order 03/	252019 100					
Last Name First	MI					
Mercado Jeanne						
Residential Street Address City 449 Jefferson Ave New Lond	State Zip Code					
1,536,1636,174,1						
	of Employer of New London					
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400 to a candidate						
or dependent child of a lobbyist? One does contributor or business he/she is associated	with have a contract with said municipality Yes No No 100					
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03252019a Is contributor a principal of a state contractor or prospective state contractor? Yes If yes, indicate which branch or branches of government the contract is with: Executive Legislative						
Method of Contribution.	Received Aggregate Contributions 252019 100					
SUBTOTAL Se	ction B — This Page 300					
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TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)						

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	TYPE OF REPORT			
Passero for New London	4/10/2019	4/10/2019			
A. Total Contributions from Small Contributors-Receiv	Y				
B. Itemized Co.	ntributions from Inc	dividuals			
Last Name	First		MI		
Christiansen	Mark				
Residential Street Address 5 Woodland Rd	City Niantic		State Zip Code		
Principal Occupation					
Sales					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated with have a cor	ntract with said municipality	250		
event reported in Section L1? No If yes, indicate which bran	event reported in Section L1? No If yes, indicate which branch or branches				
Method of Contribution:	Order 3/25/2019	Aggregate Contributions 250			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	First	250	MI		
Last Name Fields	Steven				
Residential Street Address	City		State Zip Code		
23 E Main St	Griswold		СТ		
Principal Occupation	Name of Employer	- dau			
Administrator	City of New Lor				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No loos contributor or business he/she valued at more than \$5,000?	is associated with have a cor	ntract with said municipality No	y, Amount of Contribution 250		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03252019a Yes Is contributor a principal of a If yes, indicate which bra of government the contral.	nch or branches	utive C Legislative			
Method of Contribution:	Order 03/252019	Aggregate Contributions 250			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	First	230	MI		
Last Name Foti	Carmelo				
Residential Street Address	City		State Zip Code		
56 State St	New London		СТ		
Principal Occupation	Name of Employer				
Real Estate Investment	Self	41 - 65 6 i si - si i	ty, Amount of Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated with have a co-	ntract with said municipality No	250		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03252019a Section L1? Is contributor a principal of a lf yes, indicate which bra of government the contraction.	nch or branches ct is with: Exec	utive OLegislative			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	Date Received Order 03/252019	Aggregate Contributions	1.8		
Ocasii Oreisonal check Octobroch eart Orașion potenti					
SUB	FOTAL Section B —	This Page 750			
TOTAL	L of additional Section	n B Pages	graduate activity po		
TOTAL OF ALL CONTRIBUTIONS FROM	M INDIVIDUALS (Section 13, Column A of Summary	ions A + B) Page Totals)			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Passero for New London		4/10/2019				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)		nis Period ONLY OTAL SECTION A	\$			
B. Itemized Co.	ntrib	utions from Indivi	duals			
Last Name	1	rst			MI	
Stanley	M	/illiam				
Residential Street Address	City			State	Zip Code	
17 Meadow Ln	w Ln Norwich CT					
Principal Occupation		Name of Employer				
VP Development		L & M Hospital				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				/, Amoi	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03252019a Yes Is contributor a principal of a support of government the contract of government the government the contract of government the government the government of government of government the government of	nch or l	branches	e contractor? Yes No CLegislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	3/25/2019	100			
Last Name	Fir	rst			MI	
Wagman	G	reg				
Residential Street Address	City			State	Zip Code	
218 Moxley	Unca	sville		CT		
Principal Occupation		Name of Employer				
Attorney		self				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves Valued at more than \$5,000?				, Amou	ınt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03252019a Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	e contractor? Yes No			
Method of Contribution:		Date Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	03/252019	100			
Last Name	Fi				MI	
Christ	N	1ichale				
Residential Street Address	City			State	Zip Code	
89 Ridgewood Rd	W Ha	artford		СТ		
Principal Occupation		Name of Employer				
Lobbyist		M Christ Govt Affair				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Vocation is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				7, Amoi 150	unt of Contribution	
event reported in Section L1? No If yes, indicate which bran	vent reported in Section L1? No If yes, indicate which branch or branches					
Method of Contribution:		Date Received	Aggregate Contributions			
OCash Personal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	03/252019	150			
SUBTOTAL Section B — This Page 350						
TOTAL of additional Section B Pages						
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)						

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	IAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Passero for New London			4/10/2019				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$					
B. Itemized Con	tribution	s from Indivi	duals				
Last Name	First				MI		
Venditto, Jr	Donna						
Tooloonian David San Control	City Novel and	an		State	Zip Code		
31 GardinerAve	TIETAVE TOTAL TOTA						
Principal Occupation	Name of Employer Sonalysts						
VP Exhibit and Event Prod	1				unt of Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No life contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	s associated v	with have a contract OYes ONo	with said municipality	150	unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03252019a Yes Is contributor a principal of a st If yes, indicate which brancof government the contract	ch or branch	es _	e contractor? Yes No Clegislative				
Method of Contribution:	Date 3	Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 3/2	5/2019	100				
Last Name	First	A 3 100 A	-:		MI		
Hedrick	Keith						
Topic and the second se	City			State	Zip Code		
156 Shenecosset Pkwy	Groton			СТ			
Principal Occupation	1	of Employer					
Mayor		of Groton					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No Ves does contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000?	ndent child of a lobbyist? No does contributor or business he/she is associated with have a contract with said municipality				unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03252019a Yes No If yes, indicate which bran of government the contract	ich or branch	nes	te contractor? Yes No Legislative				
Method of Contribution:		Received	Aggregate Contributions				
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 03/	/252019	200				
Last Name	First				MI		
Beers	John						
Residential Street / Indiass	City			State	Zip Code		
202 Glenwood Ave	W Hartfor			СТ			
Principal Occupation		e of Employer					
Artis	Self						
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?	to a candidate is associated	e for a chief executive with have a contract Yes O No	ve officer of a municipalit with said municipality	y, Amo	ount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03252019a Yes No If yes, indicate which brar of government the contract	nch or branch et is with:	Executive	O Legislative				
Method of Contribution:		Received /252019	Aggregate Contributions				
Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order U3/	232019	130				
SUBT	TOTAL Se	ection B — This	Page 600				
TOTAL	of addition	onal Section B	Pages		era en egy ^e lle. <u>Egy</u>		
TOTAL OF ALL CONTRIBUTIONS FROM (Enter total on Line)	A INDIVID 13, Column A	UALS (Sections 4 of Summary Page	A + B) Totals)	12:			

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Passero for New London			4/10/2019			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$				
			7-00			
B. Itemized Contributions from Individuals						
Last Name	First				MI	
Howard	Con	stance				
Residential Street Address City State Zip Code Niantic CT					Zip Code	
24 Beckwith St Principal Occupation		Vame of Employer				
Realtor		JS Properties				
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400			e officer of a municipality	Amou	ent of Contribution	
or dependent child of a lobbyist? No does contributor or business he/she valued at more than \$5,000?				250		
Is this contribution associated with an Yes Is contributor a principal of a		actor or prospective state				
event reported in Section L1? No If yes, indicate which brain flyes, list Event # 03252019a of government the contract			O No Legislative			
Method of Contribution:	D	ate Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 3	3/25/2019	250			
Last Name	First				MI	
Kotecki	Greg	gory				
	City				Zip Code	
363 Glenwood	New Lo			СТ		
Principal Occupation Labor Rep	- 1	lame of Employer JNAP				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes on the following of the pendent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes on No 250					nt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03252019a Section L1? No If yes, indicate which bra of government the contral.	nch or bra	inches	e contractor? Yes No Legislative			
Method of Contribution:	"	ate Received	Aggregate Contributions	7		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order (03/252019	250			
Last Name	First	-: <i>E</i>	,		MI	
Londegran	Jenr	nirer 		n. I	27. 0-1	
Residential Street Address 28 Mallove Dr	City New Lo	ındon		State	Zip Code	
Principal Occupation	<u>i </u>	Jame of Employer				
Teacher		St Joseph School				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candid	date for a chief executive ded with have a contract Yes No	e officer of a municipality with said municipality	, Amou	ent of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03252019a Is contributor a principal of a state contractor or prospective state contractor? If yes, indicate which branch or branches of government the contract is with: Executive Legislative						
Method of Contribution:		Pate Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order C	03/252019	150			
SUBT	SUBTOTAL Section B — This Page 750					
TOTAL	L of addi	itional Section B F	ages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)						

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
Passero for New London	4/10/2019				
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$			
B. Itemized Co	ntributions from Indiv	iduals			
Last Name	First		MI		
Milone	John				
Residential Street Address	City		State Zip Code		
1400 Half Moon Rd	Cheshire		CT		
Principal Occupation	Name of Employer				
Engineer	Milone and Macbr				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No loss contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution 250		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03252019a Section L1? Is contributor a principal of a lifyes, indicate which brain of government the contract of government the contract.		No No			
Method of Contribution:	Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 3/25/2019	250			
Last Name	First		MI		
Ravosa Jr	Anthony		_		
Residential Street Address 21 Chatham Hill Rd	City	i i	State Zip Code		
	South Glastonbury		СТ		
Principal Occupation Consultant	Name of Employer Vinci Group				
		Co. C.	1		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is associated with have a contract O Yes No	with said municipality	Amount of Contribution 250		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03252019a Yes No Is contributor a principal of a If yes, indicate which bra of government the contraction.	_	tte contractor? Yes O Legislative			
Method of Contribution:	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney		250			
Last Name Sandalis	First Helen		MI		
Residential Street Address	City		State Zip Code		
202 Glenwood Av	New London	1	State Zip Code		
Principal Occupation	Name of Employer				
retire					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	to a candidate for a chief executive is associated with have a contract Yes No	ve officer of a municipality, with said municipality	Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03252019a Yes No No If yes, indicate which bran of government the contract		ŎΝο			
Method of Contribution:	Date Received	Aggregate Contributions			
Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order 03/252019	250			
SUBT	TOTAL Section B — This	Page 750			
	of additional Section B				
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)			TYPE OF REPORT			
Passero for New London			4/10/2019			
A. Total Contributions from Small Contributors-Received this Period ONLY (See instructions for definition of Small Contributor) SUBTOTAL SECTION A		\$				
				-		
B. Itemized Con	atribı	utions from Indivi	duals			
Last Name	Fire				MI	
Schwartz	M	ichael				
	City	in atom		State DE	Zip Code	
oo cumpernu						
Principal Occupation Name of Employer Owner Mike's Famous						
Owner			- CC of a municipality	T A		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No life contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is assoc	didate for a chief executive stated with have a contract OYes ONo	with said municipality	250	unt of Contribution	
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03252019a Yes Is contributor a principal of a sequence of government the contract of government the contract.	ach or b	ranches	CLegislative Yes			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash	Order	3/25/2019	250			
Last Name	Firs	st			MI	
Bailey	Do	onna				
Residential Street Address	City			State	Zip Code	
803 Ocean Ave	New I	London		CT		
Principal Occupation Name of Employer						
Receptionist		St Joseph School				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes or dependent child of a lobbyist? Yes on the contribution is in excess of \$400 to a candidate for a chief executive officer of a municipality, does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No No 500				unt of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03252019a Section L1? No If yes, indicate which brae of government the contraction of government the contraction.	nch or l	branches	te contractor? O Legislative			
Method of Contribution:		Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order	03/252019	500			
Last Name	Fir				MI	
Anderson		effrey			Ta: 0 1	
Residential Street Address	City	ersfield		State	Zip Code	
367 Brimfield Rd	Wedi	Name of Employer				
Principal Occupation Operation		Downes Construct	ion			
	to a can			Amo	ount of Contribution	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is assoc	ciated with have a contract Yes No	with said municipality	1000		
event reported in Section L1?	event reported in Section L1? No If yes, indicate which branch or branches					
Method of Contribution:	. 0.1	Date Received 03/252019	Aggregate Contributions 1000			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	/ Order	03/232019				
SUB	ГОТА	L Section B — This	Page 1750			
TOTAL	L of a	dditional Section B	Pages		u Arja	
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)						

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT				
Passero for New London		4/10/2019				
A. Total Contributions from Small Contributo (See instructions for definition of Small Contributor)			is Period ONLY OTAL SECTION A	\$		
B. Itemized Contributions from Individuals						
Last Name		Fi	rst			MI
Colcord		D	iana			
Residential Street Address		City			State	Zip Code
47 Chimney Corner Cir		Guilf	ord		СТ	
Principal Occupation			Name of Employer			
Business Development			Downes Constructi	on		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No No does contributor or bu valued at more than \$	usiness he/she	to a car	adidate for a chief executive ciated with have a contract Yes No	e officer of a municipality with said municipality	, Amo	ount of Contribution
event reported in Section L1? No If yes, indica	ate which bran	ch or l		O No		
77-7	ent the contrac	t is wit			_	
Method of Contribution:			Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction	on Money		3/25/2019	1000		
Last Name		Fir			•	MI
DeSanti		ال	oseph			
Residential Street Address	I	City			State	Zip Code
33 Brocketts Pt Rd		Branf	ord		СТ	
Principal Occupation			Name of Employer			
Sr Project Mgr			Downes Construction	on		
	isiness he/she i		didate for a chief executive ciated with have a contract Yes No		, Amo	ount of Contribution
event reported in Section L1? No If yes, indica	principal of a sate which bran	ich or		e contractor? Yes No Legislative		
Method of Contribution:			Date Received	Aggregate Contributions	-	
Cash Personal Check Credit/Debit Card Payroll Deduction	on M oney	Order	03/252019	1000		
Last Name		Fir	st	<u> </u>		MI
Mariani		Li	nda			
Residential Street Address	1	City			State	Zip Code
756 Pequot Ave	ŀ	New	London		CT	
Principal Occupation			Name of Employer			
attorney			self			
	isiness he/she		didate for a chief executive chated with have a contract Yes No		, Amo	ount of Contribution
event reported in Section L1?	principal of a s ate which bran ent the contrac	ch or b		e contractor? O Legislative		
Method of Contribution:			Date Received	Aggregate Contributions	7	
Cash Personal Check Credit/Debit Card Payroll Deduction	on OMoney	Order	03/252019	1000		<
SUBTOTAL Section B — This Page 3000						
TOTAL of additional Section B Pages						
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)						

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TWEE OF PEROPE			
	TYPE OF REPORT				
Passero for New London		4/10/2019	4/10/2019		
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	ved this Period ONLY SUBTOTAL SECTION A	\$			
B. Itemized Co	ntributions from Indiv	iduals			
Last Name	First		MI		
Marx	Martha				
Residential Street Address	City	1	State Zip Code		
4 Harbor Ln	New London CT				
Principal Occupation RN	Name of Employer UNASL				
Is contributor a lobbyist, spouse, Yes If contribution is in excess of \$400	to a candidate for a chief executi	ve officer of a municipality.	Amount of Contribution		
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes No loss contributor or business he/she valued at more than \$5,000?			1000		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03252019a Section L1? Is contributor a principal of a lifyes, indicate which bra of government the contraction.		tte contractor? Yes No Legislative			
Method of Contribution:	Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 3/25/2019	1000			
Last Name	First		MI		
Patrick	David				
Residential Street Address	City	1	State Zip Code		
4 Francis Way	Bloomfield		СТ		
Principal Occupation	Name of Employer				
Contractor	Downes Construct	ion			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03252019a Yes Is contributor a principal of a lfyes, indicate which bra of government the contra-	_	ate contractor? Yes No Legislative			
Method of Contribution:	Date Received	Aggregate Contributions	1		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 03/252019	1000			
Last Name	First	<u> </u>	MI		
Romagnoli	Tom				
Residential Street Address	City		State Zip Code		
237 Wolcott Hill Rd	Wethersfield		СТ		
Principal Occupation	Name of Employer	•			
Operations Manager	Downes Construct				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution		
event reported in Section L1?	ution associated with an Ves Is contributor a principal of a state contractor or prospective state contractor? Yes In Section L1? If yes, indicate which branch or branches				
Method of Contribution:	Date Received	Aggregate Contributions	1		
Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order 03/252019	1000			
SUBT	COTAL Section B — This	Page 3000			
TOTAL of additional Section B Pages					
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT			
Passero for New London	4/10/2019				
A. Total Contributions from Small Contributors-Receive (See instructions for definition of Small Contributor)	\$				
B. Itemized Co.	ntributions from Indivi	duals			
Last Name	First		MÏ		
Wronowski	Susan				
Residential Street Address 55 Oakland Dr	City Oakdale	1	State Zip Code		
Principal Occupation		l`	СТ		
Principal	Name of Employer Cross Sound Ferry				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?			Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03252019a Yes Is contributor a principal of a section L1? If yes, indicate which brance of government the contract	_	contractor? Yes No			
Method of Contribution:	Date Received	Aggregate Contributions			
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney	Order 3/25/2019	1000			
Last Name Barrila	First Craig	Mark to the	MI		
	City		State Zip Code		
765 Pequot Ave	New London	1	CT		
Principal Occupation	Name of Employer				
Retired					
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?			Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03252019a Yes No Is contributor a principal of a section L1? If yes, indicate which brain of government the contract	_	e contractor? O Legislative			
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order 03/262019	Aggregate Contributions 500			
Last Name	First		MI		
Residential Street Address	City		State Zip Code		
Principal Occupation	Name of Employer				
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 to does contributor or business he/she valued at more than \$5,000?			Amount of Contribution		
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03252019a Is contributor a principal of a state contractor or prospective state contractor? If yes, list Event # 03252019a Is contributor a principal of a state contractor or prospective state contractor? One of government the contract is with: One of government the contract is with:					
Method of Contribution: Cash Personal Check Credit/Debit Card Payroll Deduction Money	Order Date Received	Aggregate Contributions			
SUBT	OTAL Section B — This	Page 1500			
TOTAL	of additional Section B P	ages			
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Sections A + B) (Enter total on Line 13, Column A of Summary Page Totals)					

B. Itemized Co	ntrib	outions from Indivi	iduals		
Last Name	F	irst			MI
Kelly	J	ames			
Residential Street Address	City			State	Zip Code
10 Hall Ave	New	London		CT	
Principal Occupation		Name of Employer			
retired					•
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				ty, An	nount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03252019a Yes Is contributor a principal of a If yes, indicate which bra of government the contra	nch or	branches	te contractor? OLegislative		
Method of Contribution:		Date Received	Aggregate Contributions		
Cash Personal Check Ocredit/Debit Card Payroll Deduction OMone	y Order	3/16/2019	100		
Last Name	Fi	irst			MI
Julian	J	ason			
Residential Street Address	City			State	Zip Code
69 Turkey Roost Rd	Mon	roe		CT	
Principal Occupation		Name of Employer			
Real Estate Investment		Julian Enterprises			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?	is asso	O Yes O No	with said municipality	10	nount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03252019a Section L1? Is contributor a principal of a lifyes, indicate which brain of government the contral of government the government the contral of government the government that government the government the government that government the	anch or	branches	tte contractor? Ye No Legislative		
Method of Contribution:		Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order	03/252019	100		
Last Name	F	irst			MI
Residential Street Address	City			State	Zip Code
Principal Occupation		Name of Employer			
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes If contribution is in excess of \$400 does contributor or business he/she valued at more than \$5,000?				ty, An	nount of Contribution
Is this contribution associated with an event reported in Section L1? If yes, list Event # 03252019a Yes Is contributor a principal of a If yes, indicate which bra of government the contra	ınch or	branches	_ ONG		
Method of Contribution:		Date Received	Aggregate Contributions		
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMone	y Order				
SUB	TOTA	AL Section B — This	Page 1100		
TOTA	L of a	dditional Section B	Pages		
TOTAL OF ALL CONTRIBUTIONS FRO		DIVIDUALS (Sections lumn A of Summary Page			

NAME_OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) TYPE OF REPORT 4/10/2019											
		C1. (Contribution	ns f	rom Ot	her Commi	ittees			7	
Name of Committee						Name of Treasur	гег	9			
Carpenter's Loca	al 326 PAC					Michael Robinson					
Address				Ist	this contril	oution associated	l with an	OYes ONo	Amount	of Contribution	
618 Main St	a			eve	event reported in Section L1? If yes, list Event # 03/25/2019a			1500			
City		State	Zip Code		Date Received Aggregate Contributions			ate Contributions			
Monroe		СТ			03/25/1	9	1500				
Name of Committee	· · · · · · · · · · · · · · · · · · ·					Name of Treasur	ег				
IUOE Local 478 P	AC					Craig Metz					
Address				Is t	his contrib	ution associated	with an	Yes ONo	Amount	of Contribution	
1965 Dixwell Ave	e			eve	ent reporte	d in Section L1?		# 03/25/2019a	1000		
City		State	Zip Code		Date Receiv	red	Aggrega	te Contributions			
Hamdent		СТ			03/25/1	9	1000			(8.1	
Name of Committee						Name of Treasure	ег				
UA Plumbers Loc	cal 777 PAC					Michael Ros	sario				
Address	elila er kulet vala ertek elig	yen e vinna ila		Is t	his contrib	ution associated	with an	Yes No	Amount o	f Contribution	
1250 E Main St				eve	nt reported	l in Section L1?			500		
City		State	Zip Code		Date Receiv			te Contributions	300		
			Zip Code					ie Controllions			
Meriden		СТ			03/25/2		500				
	C2, Rei	mbursement	s or Surplu	ıs D	istribu	tions from o	other	Committees			
Name of Committee						Name of Treasure	er				
							<u> </u>				
Address					City				State	Zip Code	
Date Received	Expenditure #	Payment Type									
Dato Roogivon	(if applicable)	OReimburseme	ent for shared ex	spense OSurplus Distribution					Amount of Receipt		
Description		1									
Name of Committee						Name of Treasure	er .				
Address					City				State	Zip Code	
Date Received	Expenditure #	Payment Type			L.,				A	t of Receipt	
(if applicable) Reimbursement for shared expense				nse OS	Surplus Distribut	ion		Amoun	of Receipt		
Description											
			SUBTO	ΓAL	Section	C — This P	age	3000			
			TOTAL of	f ado	ditional	Section C Pa	ages				
	TOTAL OF AI							3000			
	(Sections C.	1 + C2) (Enter to	nu on Line 14,	Colu	ını A OJ S	ummury Page T	ouus)				

NAME OF COM	MITTEE (Provide Comple	ta Nama an Pagintorad	with Filma Panasit	om/l		TYPE OF REPORT				
Passero for Nev		ie Name as Registerea	wun Fuing Reposit	oryij			4/10/2019			
dascro for rec	W Editabil	C. 1	7 4 93 49	6 0	1 0					
10	 	C1. (Contributio	ns from Ut	Name of Treas					
Name of Committee CT Laborer's Po	olitical League				Keith Brothers					
Address				Is this contrib	oution associate	ed with an Oyes ONo	Amount of Contribution			
150 Wylie Scho	ool Rd			event reporte	d in Section L1 If yes, li	? st Event #	1500			
City		State	Zip Code	Date Recei	ved	Aggregate Contributions				
Voluntown		СТ		3/25/19		1500				
Name of Committee					Name of Treasu	пет				
Address				Te this contrib	aution associate	d with an Yes No	Amount of Contribution			
				event reporte	d in Section L1	? st Event #				
City		State	Zip Code	Date Recei	ved	Aggregate Contributions				
Name of Committee					Name of Treasu	пет				
Address		*(a .*	100000000000000000000000000000000000000	Is this contrib	d in Section L1	d with an Yes No? st Event#	Amount of Contribution			
City		State	Zip Code	Date Recei		Aggregate Contributions				
	C2. R	Leimbursemen	ts or Surph	us Distribu	tions from	other Committees				
Name of Committee					Name of Treas					
A 11				City			State Zip Code			
Address				City						
Date Received	Expenditure # (if applicable)	Payment Type					Amount of Receipt			
		OReimbursen	nent for shared ex	xpense OSi	ırplus Distribut	ion				
Description										
Name of Committee		<u> </u>			Name of Treas	шег				
Address				City			State Zip Code			
Date Received	Expenditure # (if applicable)	Payment Type					Amount of Receipt			
	(tj applicane)	Reimburs	ement for shared	expense O	Surplus Distrib	oution	·			
Description										
			SUBTO	TAL Sectio	n C — This	Page 1500				
				of additiona						
		ALL COMMIT s Č1 + C2) (Enter					1			
	(Beeston)	Caj (Linder	Cry action AT	,						

	EE (Provide Complete Name as Register	red with Filing Repository)		TYPE	E OF REPORT
Passero for New Lo	0/2019				
1	7. Amount Transferred i	rom Affiliated Busin	ness Treasury (Busi	ness Enti	ity Committees ONLY)
Date of Receipt	Is this transaction associal event reported in Section		yes, list Event#		Amount
ate of Receipt	Is this transaction associate event reported in Section	1 40 4/	yes, list Event#		Amount
ate of Receipt	Is this transaction associatevent reported in Section		yes, list Event #	-	Amount
ate of Receipt	Is this transaction associate vent reported in Section		yes, list Event#		Amount
			TOTAL SECTIO	NF	
		• • • • • • • • • • • • • • • • • • • •			
G. Amount T	ransferred from Affiliato	d Labor Union or O	ther Organization	Treası	ury (Organization Committees ONLY)
ate of Receipt		rate of Receipt	n de la compa	Date of I	Receipt
	Amount	Amou	ant		Amount
			TOTAL SECTION	G	
	H. Personal Funds of the	ne Candidate Receiv	ed this Period (Can	ididate C	Committees ONLY)
e of Receipt 3/26/2019	Method of payment: Cash	Personal Check	Credit/Debit	Card	Amount 100
e of Receipt	Method of payment:	· · · · · · · · · · · · · · · · · · ·			Amount
	O Cash	Personal Check	Credit/Debit	Card	
e of Receipt	Method of payment:				Amount
	○ Cash	Personal Check	Credit/Debit (Card	
e of Receipt	Method of payment:				Amount
	O Cash	Personal Check	O Credit/Debit (Card	
			TOTAL SECTION	DN H	100
		I. Anonymous C	ontributions		
		a mong mons c			
	Per Public Act 11-48, A	nonymous Contrib	utions may no lon-	ger be	denosited in any

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

NAME OF COMMITTEE (Provide Complete Name as Re	gistered with Filing Repository)		ТҮРЕ О	F REPORT	
J. I	nterest from Deposits in Autho	rized Account	s		
Name of Institution			Date Rec	eived	Amount
Street Address	City	St	ate	Zip Code	
Buck Addies					
Name of Institution			Date Rec	eived	Amount
Street Address	City	St	ate	Zip Code	
	то	TAL SECTION	IJ		
K. Miscellar	neous Monetary Receipts not C	onsidered Cor	ıtribu	tions	
Name			Dar	te of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description					
Name		. 10 . 19 .	j	te of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description					
Name		E	Da	te of Transaction	Amount Received
Street Address	City		State	Zip Code	
Description					
N			Da	te of Transaction	A
Name					Amount Received
Street Address	City		State	Zip Code	
Description					
	TOTAL	SECTION K			
SUMMARY OF	OTHER MONETARY RECE	IPTS (Section	s D th	rough K)	:
Total Loans Received this Period (Section D)					<u> </u>
Total Receipts from Entities other than Individ	luals or Other Committees (Section E)	+		
Total Amount Transferred from Affiliated Bus	siness Treasury (Section F)		+		
Total Amount Transferred from Affiliated Lab	oor Union or Other Organization Tres	asury (Section G)	+		
Total Amount of Personal Funds of the Candid	date Received this Period (Section H)		+	7 P. F.	100
Total Amount of Interest from Deposits in Aut	horized Accounts (Section J)		+		
Total Miscellaneous Monetary Receipts not Co	onsidered Contributions (Section K)		+		
(Add Sections	Total of Ot	her Monetary			

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COLOR OFFICE	m -1 0 1 11 11 11 11 11 11 11 11 11 11 11 1		Τ		
Passero for New Lond	(Provide Complete Name as Registered with Filing Repository,	TYPE OF REPORT			
Passero for New Long			4/10/2019		
	L1. Ever	nt Information			
Event # Date of Event Letter 03/25/2019 a	Description Reception			Was this a fur Yes	ndraising event
Location: Street Address 92 Huntington St		City New London		State	Zip Code
Subpart 1: (All Committee Was this event hosted at			5 In-Kind Donations no use Party and complete t(s) for food, beverage an	required infor	Contributions mation for any
	le goods or services donated by a business entity nated by an individual of up to \$100?	Yes (If yes, go to Section L and complete required No	4 In-Kind Donations no information.)	ot Considered (Contributions
Was this fundraiser a tag with purchases from an ir	sale, auction, or other sale of donated items adividual of up to \$100?	OYes (If yes, enter Total Reco	* '	\$	
Were there purchases of a sign associated with this		Mittees other than Exploratory O Yes (If yes, go to Section L.3 or on a Sign and comp	Purchases of Advertis		Program Book
	nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser?	Yes (If yes, enter Total Reco	eipts here.) ———	\$	
Event # Date of Event Letter	Description			Was this a fun	draising event?
Location: Street Address		City		State	Zip Code
Subpart 1: (All Committee Was this event hosted at a		Yes (If yes, go to Section L5 Associated with a Hou purchases made by host	se Party and complete:	required inform	
	e goods or services donated by a business entity nated by an individual of up to \$100?	O Yes (If yes, go to Section Le and complete required i		ot Considered (Contributions
Was this fundraiser a tag with purchases from an in	sale, auction, or other sale of donated items idividual of up to \$100?	Yes (If yes, enter Total Reco		\$	
Subpart 2: (Party Comm. Were there purchases of a sign associated with this f	ittees, Municipal Candidates and Political Comn dvertising space in a program book or on a fundraiser?	nittees other than Exploratory (O Yes (If yes, go to Section L3 or on a Sign and comp O No	Purchases of Advertis		Program Book
Subpart 3: (Town Comm Did your committee sell for gathering held within the	ood or beverage at a fair or similar mass	OYes (If yes, enter Total Rece	ipts here.)	\$	
SUBTOTAL Section	1 L1-Subpart 1 (All Committees) Total Receipts from	om Sale of Donated Items —]	This Page		
	SUBTOTAL Secti	ion L1—Subpart 3 (Town Committi pts from Food Purchases —]	ees ONLY)		: .
-2 (25*	P 1	TOTAL of additional Section	Li Pages	4 -	
1.15-4		IPTS FROM SMALL PUR			

						(-,			
NAME OF COMMITTEE (Provide Complete	Name as Re	gistered with	Filing Reposit	ory)			TYPE OI		PORT		
Passero for New London			<u>, </u>				4/10/20	19			
3			M. In-l	Kind Cor	ıtri	butions					
Name											
Deirdre Cavanagh											
Street Address	· - · · · · ·	· · · · · · · · · · · · · · · · · · ·			Cit	у				State	Zip Code
14 Greenway Rd					N	ew London				CT	
Type of contributor: OCommittee	Date Recei	ved	Aggregate Co	ontributions	1	Description of In-Kind C	ontribution				
OIndividual / Sole Proprietorship OOther	03/15/2	2019	83.42			envelopes, paper,	, ink				
Is contributor a lobbyist, spouse, Yes	If contri	bution is in	excess of \$40	00 to a candid	date	for a chief executive of	ficer of a	munio	cipality,		
or dependent child of a lobbyist?	does con		business he/s			with have a contract with					Market Value
Is this contribution associated with an	Yarded 2			al of a state a	ont	actor or prospective stat		- Parel	€ IV.o.	of this	Contribution
event reported in Section L1? If yes, list Event #	8 No	If yes,	indicate which	ch branch or	bra		_		OYes ONo	83.42	
Name											·
Street Address	······				City	7				State	Zip Code
Type of contributor: Committee	Date Recei	ved	Aggregate Co	ontributions		Description of In-Kind Co	ontribution				L
OIndividual / Sole Proprietorship OOther											
Is contributor a lobbyist, spouse, Yes						for a chief executive of				Fair l	Market Value
or dependent child of a lobbyist? No		ntributor or at more thar		she is associa		with have a contract with Yes No	th said mu	miçip	ality	of this	Contribution
Is this contribution associated with an	O Yes	Is contribut	tor a principa	l of a state co	ontra	actor or prospective state	e contract	or?	OYes		
event reported in Section L1? If yes, list Event #	O No		indicate which rument the co			nches Executive	Legislat	tive	ONo		
Name											
Street Address					City	,				State	Zip Code
	Date Recei	and	LA corporato Co		L	Description of In Vind Co					
Type of contributor: Committee Individual / Sole Proprietorship Oother	Date Recei	ved	Aggregate Co	nuroudons		Description of In-Kind Co	murbution				
Is contributor a lobbyist, spouse, Yes						for a chief executive of			1 27	Fair I	Market Value
or dependent child of a lobbyist? No		ntributor or at more than		she is associa		with have a contract wit	th said mu	ınicip	ality	of this	Contribution
Is this contribution associated with an	O Yes			l of a state co		actor or prospective state	e contract	or?	OYes		
event reported listed in Section L1? If ves, list Event #	8 No	If yes, i	ndicate which	h branch or	bra				Q _{No}		
ny yes, not event#		or gover			_						·
			SU	BTOTAL	Sec	tion M — This Page	83.4	2			
			тот	AL of add	itio	nal Section M Pages					
TOTAL OF ALL IN-KIND CON	TRIBUT	TIONS (E	nter total on i	Line 23, Colu	mn .	A of Summary Page Tota	us) 83.4	2			
	N.	Refund	lable Dep	osit to T	ele	phone Company	7				
Last Name of Individual				First					MI	Date Deposi	t Made
Residential Street Address			Cit	y	_	Is	tate	Zip C	Code	- 	
								-			Amount of Deposit
				<u>-</u>						_	-
Name of Telephone Company											
Street Address			Cit	у		S	State	Zip (Code		
•											
				* *						1	
TOTAL SE	CTION	N (Enter t	total on Line	24, Column	A o	f Summary Page Totals	5)				

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize receipt of organization expenditures from Legislative Leadership, Legislative Caucus or Party Committees. Section O removed.

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IV. EXPENDITURES (Sections P—T)

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NAME OF COMMIT	TEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
Passero for New L	ondon		4/10/2019	
	P. Expenses	Paid by Committee		
Name of Payee			Date of Payment	Method of Payment:
Anedot			03/31/2019	O Check # O Debit Card
Street Address		City		State Zip Code
5555 Hilton Ave		Baton Rouge		LA
Purpose of Expenditure (by code)	Description	Amount 123.60		
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required und None of the below Coordinated with reimbursement sought (joint expenditure Coordinated without reimbursement sought (in-kind contract)	=		
Name of Payee			Date of Payment	Method of Payment:
Kevin Cavanagh				O Check #101 O Debit Card O EFT
Street Address		City		State Zip Code
14 Greenway Rd		New London		ст
Purpose of Expenditure (by code)	Description	[]	Event #	Amount
RMB	graduate depends on a graduate production of	· · · · · · · · · · · · · · · · · · ·	and the second of the second of the second of	120:50
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required un None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contract)	e) Independe		Method of Payment:
Name of Payce			Date of Payment	Check # Debit Card OEFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind con	are) Independ		
Name of Payee			Date of Payment	Method of Payment: Check # Debit Card EFT
Street Address		City		State Zip Code
Purpose of Expenditure (by code)	Description		Event #	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below Coordinated with reimbursement sought (joint expenditu Coordinated without reimbursement sought (in-kind cont	rre) [Independ		
	2 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T	SUBTOTAL Section P —	This Page 244.10	
	т	OTAL of additional Section	on P Pages	,
	TOTAL OF ALL EXPI	ENSES PAID BY COM ne 19, Column A of Summary	IMITTEE Page Totals)	
	(Links West On Lin	.,		

SEEC FORM 20 a

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

NAME OF COMMIT	ITEE (Provide Complete Name as Registered with Filing Repository,)		TYPE	OF REPORT		
Passero for New		<u>/</u>	:	4/10/2019			
		Paid by Com	mittee				
Name of Payee	1. 12	, , , , , , , , , , , , , , , , , , ,		Date of	Payment	Method of	Payment:
Harland Clarke			•	1/10/	2019	O Check	
		I City				O Debit State	Card OEFT Zip Code
Street Address		City			TX	Zip Codo	
La Cantera Pkwy		San Antonio				1^	
Purpose of Expenditure (by code) BNK	Description	14.60	Amount				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required used None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind continuous)						
Name of Payee					B O C O D Payment	Method of	-
People's Bank				3/12/	2019	Check O Debit	
Street Address		City				State	Zip Code
E Main St		Middletown				СТ	
Purpose of Expenditure	Description		Eve	ent#			Amount
(by code) BNK						20	The part of the s
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required u None of the below Coordinated with reimbursement sought (joint expenditude) Coordinated without reimbursement sought (in-kind con	ne)	Independent	OA OI	в Ос Ор		
Name of Payee				1	Payment	Method of Check	
USPS			3/26/	2019	O Debit		
Street Address		City				State	Zip Code
222 Boston Post	Rd	Waterford					
Purpose of Expenditure	Description	<u> </u>	Eve	ent#			Amount
(by code) POST						55	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind coordinated without reimbursement sought)	iture)) Independen	nt	BOCOD		
Name of Payee				Date of	Payment	Method of Chec	-
Tony D's						O Debi	
Street Address		City				State	Zip Code
92 Huntington S	5t	New London	1			СТ	
Purpose of Expenditure	Description		Ev	ent#			Amount
(by code) FNDR	food and beverage costs		0.	3252019	a	5250	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum P Required None of the below Coordinated with reimbursement sought (joint expending Coordinated without reimbursement sought (in-kind co	ture)	Independen	t	B OC OD		
		SUBTOTAL Sec	ction P — T	his Page	5339.60		
	Т	OTAL of additio	nal Section	P Pages			
I.	TOTAL OF ALL EXP	PENSES PAID	BY COMM	HTTEE			
	(Enter total on L	ine 19, Column A oj	Summary Po	ige 10tais)			··

IV. EXPENDITURES (Sections P-T)

		_							
	E (Provide Complete Name as Registered with Filing Repositor	(ער			TYPE OF REPORT				
Passero for New Lo	ndon			4/1	4/10/2019				
	T. Itemization of Reiml	u	rsements and Secon	dary Pa	yees				
Last Name of Worker/Cons	ultant	Fi	rst			MI	Date of Payment to Vendor, Person or Entity		
Cavanagh		Ke	evin					3/2019	
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant					Reimburse Section P:	Committee V	Vorker/Consultant as	
USPS					• Chec		O Del	oit Card OEFT	
	erson or Entity Paid by Committee Worker/Consultant		City				State	Zip Code	
222 Boston Post Rd			Waterford				СТ		
Purpose of Expenditure (by code) POST	Description	Event #			Amount				
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requir	ed i	unless "None of the below"	is checked)					
(i) appricable)	None of the below Coordinated with reimbursement sought (joint expe	adit	rure) () Indepe		O C) O			
Last Name of Worker/Cons	ultant	Fi	rst			МІ		ayment to Vendor,	
Cavanagh		K	evin		w.		2/23/2		
1 1	Entity Paid by Committee Worker/Consultant				reported in	Section P:		Worker/Consultant as	
BJ's					Chec	ck #		bit Card OEFT	
	erson or Entity Paid by Committee Worker/Consultant		City				State	Zip Code	
125 Cross Rd			Waterford				CT		
Purpose of Expenditure (by code) POST	Description			Event#				Amount	
							109.50)	
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Requir	ed i	unless "None of the below"	is checked)					
	None of the below Coordinated with reimbursement sought (joint expe			endent O	O 6				
Last Name of Worker/Cons	ultant	Fi	rst			MI	Date of F	Payment to Vendor,	
Fi			*						
Name of Vendor, Person or	Entity Paid by Committee Worker/Consultant	_			Payment t	o Reimburse n Section P:		Worker/Consultant as	
			La		O Che	ck #	_ U De	bit Card CEFT Zip Code	
Street Address of Vendor, I	Person or Entity Paid by Committee Worker/Consultant		City				State	Zip Code	
Purpose of Expenditure	Description		l	Event #				Amount	
(by code)									
Expenditure #	Type of Expenditure (Itemization in Addendum T Requir	ed	unless "None of the below"	is checked)					
(if applicable)	O None of the below								
	Coordinated with reimbursement sought (joint expe			endent O ization: o A	O B) (C o D			
			SUBTOTAL Section T	— This Pa	ige 120	.50			
		Т	OTAL of additional Sec	tion T Pa	ges				
		_				. 50			
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE	W	ORKERS AND CONS	SULTAN	TS 120	0.50			